



ALAMEDA RECREATION AND PARK DEPARTMENT  
2226 Santa Clara Avenue, Alameda, CA 94501  
510-747-7529 (phone) - 510-523-4071 (fax)  
TAX ID#: 94-6000288

## RAP REGISTRATION FORM

PLEASE FILL OUT SEPARATE FORM FOR EACH PARTICIPANT - Print Legibly

STARTING DATE: \_\_\_\_\_

48 hours Advance Notice Required Before Child Starts RAP

CHILD'S NAME \_\_\_\_\_ ☐ BOY ☐ GIRL AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

ALLERGIES, MEDICAL PROBLEMS, CURRENT MEDICATIONS: \_\_\_\_\_

MEDICAL RELEASE: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

PHYSICIAN'S NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

NAME OF INSURANCE \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

CHILD'S SCHOOL: _____	MY CHILD MAY LEAVE RAP SITE: (Select One) <input type="checkbox"/> ONLY WITH LISTED AUTHORIZED PICK UP PERSON(S) OR
CHILD'S RAP SITE: _____	<input type="checkbox"/> BY CHECKING SELF OUT AT: TIME _____ PM
DAYS ATTENDING RAP PER WEEK: _____	PERSON(S) AUTHORIZED TO PICK UP CHILD (First and Last names required)
<input type="checkbox"/> 5 DAYS (Monday through Friday)	_____
<input type="checkbox"/> 3 DAYS - List Days _____	_____
<input type="checkbox"/> 2 DAYS - List Days _____	_____

MOM/GUARDIAN NAME \_\_\_\_\_ ADDRESS (if different from above) \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL(\_\_\_\_) \_\_\_\_\_

MOM'S E-MAIL ADDRESS \_\_\_\_\_

DAD/GUARDIAN NAME \_\_\_\_\_ ADDRESS (if different from above) \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL(\_\_\_\_) \_\_\_\_\_

DAD'S E-MAIL ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT: (I understand it is my responsibility to provide current contact information)

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL(\_\_\_\_) \_\_\_\_\_

PARENTS/GUARDIANS: Please read and initial:

Parent's Initials:

♦ **REGISTRATIONS:**

If I choose to pay by sessions or installments, I understand that payments must be received in the office by the deadline dates listed on my schedule and handbook I have received. Payments made after the due dates will be subject to an administrative charge of \$30.00.....

♦ **ABSENCES AND EXTRA DAYS:**

I understand that I must notify ARPD Office, (510) 747-7529, before 12:00 noon if my child will not be attending RAP that day. FAILURE TO NOTIFY RAP OF AN ABSENCE WILL RESULT IN ALAMEDA POLICE DEPARTMENT CONDUCTING A SEARCH FOR YOUR CHILD. A \$15.00 SERVICE CHARGE MUST BE PAID WITHIN 24 HOURS OF THE INCIDENT.....

I understand that credits, refunds, or make-ups will not be issued when my child is absent from RAP .....

If I need to add an additional pick up date (outside of my regular dates), I will be charged \$15.00 per day.

I understand that fees must be paid in full and I must allow 48 hours advance notice .....

♦ **SIGN OUT:**

I understand that my child must be signed out by an authorized person every day he/she attends RAP unless I authorize my child to check him/herself out.....

♦ **LATE PICK-UP FEE:**

I understand that if my child is not picked up by 5:30 p.m., starting at 5:31 p.m. I will be charged a late fee of \$1.00 per minute for every minute I am late, payable that day .....

**THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:**

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA**, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE**, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.

3. **THE UNDERSIGNED HEREBY PERMITS** the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FEE ENCLOSED: \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHK# \_\_\_\_\_ MC/VISA \_\_\_\_\_ EXP. DATE \_\_\_\_\_